FRAMEWORK FOR ANNUAL REPORT OF STATE CHILDREN'S HEALTH INSURANCE PLANS UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

Preamble

Section 2108(a) of the Act provides that the State must assess the operation of the State child health plan in each fiscal year, and report to the Secretary, by January 1 following the end of the fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children.

To assist states in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with states to develop a framework for the Title XXI annual reports.

The framework is designed to:

- Recognize the ***diversity*** of State approaches to SCHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their SCHIP programs, **AND**

- Provide ***consistency*** across States in the structure, content, and format of the report, **AND**

- Build on data ***already collected*** by HCFA quarterly enrollment and expenditure reports, **AND**

- Enhance ***accessibility*** of information to stakeholders on the achievements under Title XXI.

FRAMEWORK FOR ANNUAL REPORT
OF STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

State/Territory: **MINNESOTA**
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

_____
(Signature of Agency Head)

SCHIP Program Name (s) **Minnesota Medical Assistance Program**

SCHIP Program Type **X** Medicaid SCHIP Expansion Only
____ Separate SCHIP Program Only
____ Combination of the above

Reporting Period **Federal Fiscal Year 2000 (10/1/99-9/30/00)**

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Submission Date_____

SECTION 1. DESCRIPTION OF PROGRAM CHANGES AND PROGRESS

This sections has been designed to allow you to report on your SCHIP program=s changes and progress during Federal fiscal year 2000 (September 30, 1999 to October 1, 2000).

1.1 Please explain changes your State has made in your SCHIP program since September 30, 1999 in the following areas and explain the reason(s) the changes were implemented.

Note: If no new policies or procedures have been implemented since September 30, 1999, please enter ›NC: for no change. If you explored the possibility of changing/implementing a new or different policy or procedure but did not, please explain the reason(s) for that decision as well.

1. Program eligibility **NC**

2. Enrollment process **NC**

3. Presumptive eligibility **NC**

4. Continuous eligibility **NC**

5. Outreach/marketing campaigns **NC**

6. Eligibility determination process: **Implemented a shortened, four-page application, and an initial eligibility determination without requiring verification.**

7. Eligibility redetermination process **Implemented a one-page redetermination form, and a determination without verification.**

8. Benefit structure **NC**

9. Cost-sharing policies **NC**

10. Crowd-out policies **NC**

11. Delivery system **NC**

12. Coordination with other programs (especially private insurance and Medicaid): **NC**

13. Screen and enroll process: **NC**

14. Application: **NC**

15. Other: **NC**

1.2 Please report how much progress has been made during FFY 2000 in reducing the number of uncovered, low-income children.

1. Please report the changes that have occurred to the number or rate of uninsured, low-income children in your State during FFY 2000. Describe the data source and method used to derive this information. **NC**

2. How many children have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information**. Not applicable (outreach activity is conducted with Medicaid match)**

3. Please present any other evidence of progress toward reducing the number of uninsured, low-income children in your State**. Enrollment of children under age 19 in the MinnesotaCare Program has increased annually: 62,997 in 1998; 63,584 in 1999; and 68,215 in 2000.**

4. Has your State changed its baseline of uncovered, low-income children from the number reported in your March 2000 Evaluation?

__X__ No, skip to 1.3

____ Yes, what is the new baseline?

What are the data source(s) and methodology used to make this estimate?

What was the justification for adopting a different methodology?

What is the State=s assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Please provide a numerical range or confidence intervals if available.)

Had your state not changed its baseline, how much progress would have been made in reducing the number of low-income, uninsured children?

1.3 Complete Table 1.3 to show what progress has been made during FFY 2000 toward achieving your State=s strategic objectives and performance goals (as specified in your State Plan).

In Table 1.3, summarize your State=s strategic objectives, performance goals, performance

measures and progress towards meeting goals, as specified in your SCHIP State Plan. Be as specific and detailed as possible. Use additional pages as necessary. The table should be completed as follows:

Column 1: List your State=s strategic objectives for your SCHIP program, as specified in your State Plan.

Column 2: List the performance goals for each strategic objective.

Column 3: For each performance goal, indicate how performance is being measured, and progress towards meeting the goal. Specify data sources, methodology, and specific measurement approaches (e.g., numerator, denominator). Please attach additional narrative if necessary.

Note: *If no new data are available or no new studies have been conducted since what was reported in the March 2000 Evaluation, please complete columns 1 and 2 and enter ANC@ (for no change) in column 3.*

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
OBJECTIVES RELATED TO REDUCING THE NUMBER OF UNINSURED CHILDREN		
Expand access to health care insurance for uninsured infants	**Reduce the number of uninsured children in Minnesota by enrolling low-income children under age 2 in the Medicaid program with income above 275% but equal to or less than 280% of FPG.**	Data Sources: **MMIS** Methodology: **NC** Progress Summary: **NC**
		Data Sources: Methodology: Progress Summary:
OBJECTIVES RELATED TO INCREASING MEDICAID ENROLLMENT		
		Data Sources: Methodology: Progress Summary:
OBJECTIVES RELATED TO INCREASING ACCESS TO CARE (USUAL SOURCE OF CARE, UNMET NEED)		
		Data Sources:

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
		Methodology: Progress Summary:
OBJECTIVES RELATED TO USE OF PREVENTIVE CARE (IMMUNIZATIONS, WELL-CHILD CARE)		
		Data Sources: Methodology: Progress Summary:

OTHER OBJECTIVES		
		Data Sources: Methodology: Progress Summary:

1.4 If any performance goals have not been met, indicate the barriers or constraints to meeting them.

1.5 Discuss your State=s progress in addressing any specific issues that your state agreed to assess in your State plan that are not included as strategic objectives.

1.6 Discuss future performance measurement activities, including a projection of when additional data are likely to be available.

1.7 Please attach any studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program=s performance. Please list attachments here.

SECTION 2. AREAS OF SPECIAL INTEREST

This section has been designed to allow you to address topics of current interest to stakeholders, including; states, federal officials, and child advocates.

2.1 Family coverage: Not Applicable

A. If your State offers family coverage, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other program(s). Include in the narrative information about eligibility, enrollment and redetermination, cost sharing and crowd-out.

2. How many children and adults were ever enrolled in your SCHIP family coverage program during FFY 2000 (10/1/99 -9/30/00)? **Not applicable.**

   Number of adults_____
   Number of children_____

3. How do you monitor cost-effectiveness of family coverage?

2.2 Employer-sponsored insurance buy-in: Not Applicable

1. If your State has a buy-in program, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other SCHIP program(s).

2. How many children and adults were ever enrolled in your SCHIP ESI buy-in program during FFY 2000?

   Number of adults_____
   Number of children_____

2.3 Crowd-out: Not Applicable

1. How do you define crowd-out in your SCHIP program?

2. How do you monitor and measure whether crowd-out is occurring?

3. What have been the results of your analyses? Please summarize and attach any available reports or other documentation.

4. Which anti-crowd-out policies have been most effective in discouraging the substitution of public coverage for private coverage in your SCHIP program? Describe the data source and method used to derive this information.

2.4 Outreach:

1. What activities have you found most effective in reaching low-income, uninsured children? How have you measured effectiveness?

2.

for Asian families.

Measurement: Two agencies serving Asian families were given an equal level of outreach funding for the same year. The agency that significantly outperformed the other had used radio advertising as their main strategy, while no radio advertising had been used by the other.

3. Which methods best reached which populations? How have you measured effectiveness?

See above.

2.5 Retention:

1. What steps are your State taking to ensure that eligible children stay enrolled in Medicaid and SCHIP?

2. What special measures are being taken to reenroll children in SCHIP who disenroll, but are still eligible?

__**X**__ Follow-up by caseworkers/outreach workers
____ Renewal reminder notices to all families
____ Targeted mailing to selected populations, specify population _____
____ Information campaigns
__**X**__ Simplification of re-enrollment process, please describe See 1.1, # 6,7.
____ Surveys or focus groups with disenrollees to learn more about reasons for disenrollment, please describe_____
____ Other, please explain_____

3. Are the same measures being used in Medicaid as well? If not, please describe the differences.
Yes, SCHIP is a Medicaid expansion.

4. Which measures have you found to be most effective at ensuring that eligible children stay enrolled?
Twelve-month annual renewal period in the MinnesotaCare Program.

5. What do you know about insurance coverage of those who disenroll or do not reenroll in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured?) Describe the data source and method used to derive this information.

No data specifically on SCHIP children. However, Minnesota is conducting a longitudinal study of the participants who leave the TANF program. The first annual report (for 1999) indicates that less that 50% of employed people exiting had employers that offered health insurance coverage. Only a third of those people were enrolled, most of them for family coverage. More than 50% remained enrolled in Minnesota health care programs.

2.6 Coordination between SCHIP and Medicaid: Not Applicable; Minnesota has a Medicaid expansion.

1. Do you use common application and redetermination procedures (e.g., the same verification and interview requirements) for Medicaid and SCHIP? Please explain. **Yes.**

2. Explain how children are transferred between Medicaid and SCHIP when a child=s eligibility status changes. **Not Applicable**.

3. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain. **Yes we use the same delivery system. In the Minnesota Medical Assistance Program, service delivery is fee-for-service in 32 counties, and in 55 counties, service delivery is through managed care plans (known as PMAP counties) under a section 1115 demonstration project.**

2.7 Cost Sharing:

1. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found? **Not Applicable.**

2. Has your State undertaken any assessment of the effects of cost-sharing on utilization of health service under SCHIP? If so, what have you found? **Not Applicable.**

2.8 Assessment and Monitoring of Quality of Care:

1. What information is currently available on the quality of care received by SCHIP enrollees? Please summarize results. **The same as in Medicaid: EQRO, encounter data, HEDIS data, and specialized studies.**

2. What processes are you using to monitor and assess quality of care received by SCHIP enrollees, particularly with respect to well-baby care, well-child care, immunizations, mental health, substance abuse counseling and treatment and dental and vision care? **EQRO reports, EQRO specialized studies, contract incentives.**

3. What plans does your SCHIP program have for future monitoring/assessment of quality of care received by SCHIP enrollees? When will data be available? **Same as above.**

SECTION 3. SUCCESSES AND BARRIERS

This section has been designed to allow you to report on successes in program design, planning, and implementation of your State plan, to identify barriers to program development and implementation, and to describe your approach to overcoming these barriers.

3.1 Please highlight successes and barriers you encountered during FFY 2000 in the following areas. Please report the approaches used to overcome barriers. Be as detailed and specific as possible.

Note: If there is nothing to highlight as a success or barrier, Please enter "NA" for not applicable.

NA on All

1. Eligibility
2. Outreach
3. Enrollment
4. Retention/disenrollment
5. Benefit structure
6. Cost-sharing
7. Delivery systems
8. Coordination with other programs
9. Crowd-out
10. Other

SECTION 4. PROGRAM FINANCING

This section has been designed to collect program costs and anticipated expenditures.

4.1 Please complete Table 4.1 to provide your budget for FFY 2000, your current fiscal year budget, and FFY 2002 projected budget. Please describe in narrative any details of your planned use of funds.

Note: Federal Fiscal Year 2000 starts 10/1/99 and ends 9/30/00).

	Federal Fiscal Year 2000 costs	Federal Fiscal Year 2001	Federal Fiscal Year 2002
Benefit Costs	$ 11,192.05	$ 10,000	$ 10,000
Insurance payments	0		
Managed care	$ 8,788.96		
per member/per month rate X # of eligibles	(range of $162.50 to $396.06)		
Fee for Service	$ 2,403.09		
Total Benefit Costs	$ 11,192.05 *		
(Offsetting beneficiary cost sharing payments)	$ 0		
Net Benefit Costs	$ 11,192.05		
Administration Costs	$ 0	$ 0	$ 0
Personnel			
General administration			
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/marketing costs			
Other			
Total Administration Costs	$ 0	$ 0	$ 0
10% Administrative Cost Ceiling			
Federal Share (multiplied by enhanced FMAP rate)	$ 7,391.24		
State Share	$ 3,800.81		
TOTAL PROGRAM COSTS	**$ 11,192.05**	**$ 10,000**	**$ 10,000**

* Includes FFY 2000 S-CHIP costs not yet submitted on the HCFA-64.

4.2 Please identify the total State expenditures for family coverage during Federal fiscal year 2000. NA

4.3 What were the non-Federal sources of funds spent on your CHIP program during FFY 2000?

__**X**__ State appropriations
_____ County/local funds
_____ Employer contributions
_____ Foundation grants
_____ Private donations (such as United Way, sponsorship)
_____ Other (specify) _____

A. Do you anticipate any changes in the sources of the non-Federal share of plan expenditures. No.

SECTION 5: SCHIP PROGRAM AT-A-GLANCE

This section has been designed to give the reader of your annual report some context and a quick glimpse of your SCHIP program.

5.1 To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. If you do not have a particular policy in-place and would like to comment why, please do. (Please report on initial application process/rules)

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
Program Name	Minnesota Medical Assistance Program	
Provides presumptive eligibility for children	__X__ No _____ Yes, for whom and how long?	_____ No _____ Yes, for whom and how long?
Provides retroactive eligibility	_____ No __X__ Yes, for whom and how long?	_____ No _____ Yes, for whom and how long?
Makes eligibility determination	__X__ State Medicaid eligibility staff _____ Contractor _____ Community-based organizations _____ Insurance agents _____ MCO staff __X__ Other *(specify)* __county agency financial workers__	_____ State Medicaid eligibility staff _____ Contractor _____ Community-based organizations _____ Insurance agents _____ MCO staff _____ Other *(specify)* _____
Average length of stay on program	Specify months _____	Specify months _____
Has joint application for Medicaid and SCHIP	_____ No __X__ Yes	_____ No _____ Yes
Has a mail-in application	_____ No _____ Yes	_____ No _____ Yes
Can apply for program over phone	_____ No __X__ Yes	_____ No _____ Yes
Can apply for program over internet	__X__ No _____ Yes	_____ No _____ Yes

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
Requires face-to-face interview during initial application	__X__No _____Yes	_____No _____Yes
Requires child to be uninsured for a minimum amount of time prior to enrollment	__X__No _____Yes, specify number of months _____ What exemptions do you provide?	_____No _____Yes, specify number of months _____ What exemptions do you provide?
Provides period of continuous coverage <u>regardless of income changes</u>	__X__No _____ Yes, specify number of months _____ Explain circumstances when a child would lose eligibility during the time period	_____No _____Yes, specify number of months _____ Explain circumstances when a child would lose eligibility during the time period
Imposes premiums or enrollment fees	__X__No _____Yes, how much? _____ Who Can Pay? ___ Employer ___ Family ___ Absent parent ___ Private donations/sponsorship ___ Other (specify) _____	_____No _____Yes, how much? _____ Who Can Pay? ___ Employer ___ Family ___ Absent parent ___ Private donations/sponsorship ___ Other (specify) _____
Imposes copayments or coinsurance	__X__No _____Yes	_____No _____Yes
Provides preprinted redetermination process	__X__ No _____ Yes, we send out form to family with their information precompleted and: ___ ask for a signed confirmation that information is still correct ___ do not request response unless income or other circumstances have changed	_____ No _____ Yes, we send out form to family with their information and: ___ ask for a signed confirmation that information is still correct ___ do not request response unless income or other circumstances have changed

5.2 Please explain how the redetermination process differs from the initial application process.
The annual redetermination form is a single page, but both processes allow mail-in, and determinations without submitting

verification.

SECTION 6: INCOME ELIGIBILITY

This section is designed to capture income eligibility information for your SCHIP program.

6.1 As of September 30, 2000, what was the income standard or threshold, as a percentage of the Federal poverty level, for countable income for each group? If the threshold varies by the child=s age (or date of birth), then report each threshold for each age group separately. Please report the threshold after application of income disregards.

Title XIX Child Poverty-related Groups or Section 1931-whichever category is higher	**275** % of FPL for children under age _two_____ **133** % of FPL for children aged _two to six_____ **100** % of FPL for children aged six to eighteen_____
Medicaid SCHIP Expansion	**280** % of FPL for children under age two_____ ____% of FPL for children aged _____ ____% of FPL for children aged _____
State-Designed SCHIP Program	____% of FPL for children aged _____ ____% of FPL for children aged _____ ____% of FPL for children aged _____

6.2 As of September 30, 2000, what types and *amounts* of disregards and deductions does each program use to arrive at total countable income? *Please indicate the amount of disregard or deduction used when determining eligibility for each program. If not applicable, enter ANA.@*

Do rules differ for applicants and recipients (or between initial enrollment and redetermination) ____ Yes __X__ No
If yes, please report rules for applicants (initial enrollment).

Table 6.2

	Title XIX Child Poverty-related Groups	Medicaid SCHIP Expansion	State-designed SCHIP Program
Earnings: Age 2 and older: $90 + 30 + 1/3 of remaining income according to AFDC cycle Birth to age 2: standard work incentive disregard by family size	$ varies w/ income $140 (family of two)	$ varies w/ income $140 (family of 2)	$
Self-employment expenses, general: IRS-allowed deductions, except NOL, depreciation, retirement contributions, charitable deductions, capital expenditures, payments on principal balance of loans.	Case specific	Case specific	$
Alimony payments Received	$ 50	$ 0	$
Paid	$ 0	$ 0	$
Child support payments Received	$ 50	$ 0	$
Paid	$ 0	$ 0	$
Child care expenses	$ 175/child	$ 0	$
Medical care expenses	$ 0	$ 0	$
Gifts – if irregular and $30 or less	$ 30	$ 30	$

Table 6.2 cont.	Title XIX Child Poverty-related Groups	Medicaid SCHIP Expansion	State-designed SCHIP
Other types of disregards/deductions (specify):			
Self-employment, in-home day care, alt. to itemized	60% of gross receipts	60% of gross receipts	
Self-employment, home office costs for portion of home used;	Case specific	Case specific	
Self-employment, transportation @ IRS mileage rate	Case specific	Case specific	
Self-employment, rental income: greater of $103/yr. Or 2% of estimated market value of home	Case specific	Case specific	
Self-employment, room & board: Roomer Boarder R& B	$ 71/mo $127/mp $198/mo	$ 71/mo $127/mp $198/mo	
Self-employment, farm income: all expenses associated with producing income, with add-backs noted above in self-employment	Case specific	Case specific	

6.3 For each program, do you use an asset test?

Title XIX Poverty-related Groups **_X_**No ____Yes, specify countable or allowable level of asset test_____
Medicaid SCHIP Expansion program **_X_**No ____Yes, specify countable or allowable level of asset test_____
State-Designed SCHIP program ____No ____Yes, specify countable or allowable level of asset test_____
Other SCHIP program_____ ____No ____Yes, specify countable or allowable level of asset test_____

6.4 Have any of the eligibility rules changed since September 30, 2000? ___ Yes **_X_** No

SECTION 7: FUTURE PROGRAM CHANGES

This section has been designed to allow you to share recent or anticipated changes in your SCHIP program.

7.1 What changes have you made or are planning to make in your SCHIP program during FFY 2001(10/1/00 through 9/30/01)? Please comment on why the changes are planned.

1. Family coverage

2. Employer sponsored insurance buy-in

3. 1115 waiver**: We submitted a March 38, 2000 proposal to cover growth in MinnesotaCare Program enrollment of children under 19; to cover the cost of reducing MinnesotaCare premiums for children and eliminating premiums for American Indian children; and to apply the balance of the allotment to health service initiatives. We submitted a December 11, 2001 amendment to the proposal requesting coverage for an expansion in the MinnesotaCare Program for parents with income between 100% and 275% of federal poverty levels.**

4. Eligibility including presumptive and continuous eligibility

5. Outreach: **The state is always looking for new and better ways to reach people potentially eligible for Minnesota health care programs. Minnesota conducted statewide training for school nurses in screening for eligibility in Medical Assistance and MinnesotaCare. There are two pilot projects that use a partnership with another organization: In one, a school district's school lunch enrollment is being used to enroll children in health care programs; in another, enrollment bi-lingual staff are available at clinics attended by Spanish-speaking families to conduct enrollment.**

6. Enrollment/redetermination process: **In March, 2000, a streamlined eligibility process was introduced; the application was shortened to four pages and the initial determination made from the face of the application. The annual renewal form was shortened to one page, and the redetermination made from the face of the application.**

7. Contracting

8. Other